



STATE OF RHODE ISLAND and PROVIDENCE PLANTATIONS
DEPARTMENT of ADMINISTRATION
Division of Taxation
Excise Tax Section
One Capitol Hill, Providence, RI 02908-5800
(401)222-4230 FAX (401)222-6314

ALCOHOLIC BEVERAGE MANUFACTURING TAX RETURN

For the quarter of _____ 199____ License # _____
Manufacturer _____
Mailing Address _____
City, State, Zip _____

INSTRUCTIONS

FILING DATE - This return is to be filed with the R I Division of Taxation on or before the 5th business day after the close of the calendar quarter. Payment must accompany this return. **THIS RETURN MUST BE FILED QUARTERLY.**

COMPUTATION OF FEE - Enter the total gallons of each type sold during the above filing period, less credits (military, out of state sales). Multiply this amount by the applicable rate to determine the tax due for each category. Add lines 1 thru 8 under the "Tax Due" column and enter the result on line 9. Carry the amount on line 9 to line 11 if interest is not applicable.

TAX COMPUTATION SCHEDULE						
	TYPE	GALLONS SOLD	LESS CREDIT GALLONS	NET GALLONS SOLD	RATE per GALLON	TAX DUE
1	Distilled Spirits				x \$ 3.75	
2	Low Proof Distilled Spirits				x 1.10	
3	Ethyl Alc - Beverage Purposes				x 7.50	
4	Ethyl Alc - Non Bev Purposes				x .08	
5	Still Wine				x .60	
6	Still Wine - From instate fruit				x .30	
7	Spklg Wine				x .75	
8	Malt Beverage Barrels				x 3.00 per Barrel	
9	TOTAL TAX DUE					
10	Interest					
11	TOTAL AMOUNT DUE					

CERTIFICATION

The undersigned _____, hereby

PRINT NAME & TITLE

Certifies that he/she is properly authorized to sign this return, that he/she has personal knowledge of the figures and that this return and the information herein contained are true. The undersigned also hereby declares that this return is made under the penalty of perjury.

DATE

SIGNATURE